

7852 Walker Drive, Suite 200 Greenbelt, Maryland 20770 phone: 301-459-7590, fax: 301-577-5575 internet: www.jsitel.com, e-mail: jsi @jsitel.com

June 27, 2016

Via Hand Delivery

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, SW Washington, DC 20554

Re: WC Docket No. 14-58

2016 ETC Annual Report of Ridgeway Telephone Company

Study Area Code 240541

Dear Ms. Dortch:

On behalf of Ridgeway Telephone Company ("Company"), JSI files the attached confidential version of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules. 1 Company seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information. 2 The redacted version is being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of the Company's Five-Year Service Quality Improvement Plan Progress Report required by Section 54.313.3

Please direct any questions regarding the filing to the undersigned.

Sincerely.

John Kuykendall JSI Vice President

301-459-7590

jkuykendall@jsitel.com

¹ 47 C.F.R. §§ 54.313, 54.422.

² Connect America Fund et al., WC Docket Nos. 10-90 and 14-58, Protective Order, DA 16-296 rel. March 22, 2016 (Protective Order). 47 C.F.R. § 54.313(f)(2).

³ 47 C.F.R. §§ 0.457, 0.459, 54.313.



7852 Walker Drive, Suite 200 Greenbelt, Maryland 20770 phone: 301-459-7590, fax: 301-577-5575 internet: www.jsitel.com, e-mail: jsi @jsitel.com

June 27, 2016

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, SW Washington, DC 20554

Re: WC Docket No. 14-58

2016 ETC Annual Report of Ridgeway Telephone Company

Study Area Code 240541 Request for Confidentiality

Dear Ms. Dortch:

John Staurulakis, Inc. ("JSI"), on behalf of its client Ridgeway Telephone Company (the "Company") hereby requests, pursuant to Sections 0.457 and 0.459 of the Commission's rules, withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).

- 1. The information for which the Company is seeking confidential treatment is an attachment to the Company's annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules ("Report").³
- 2. Pursuant to Section 54.313, Rate-of-Return Eligible Telecommunications Carriers ("ETCs") must file with the Commission a Progress Report on its Five-Year Service Quality Improvement Plan ("Progress Report") which is contained in the attachment to the 2016 Report.⁴
- 3. The information contained in attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company's Progress Report provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.

¹ 47 C.F.R. §§ 0.457, 0.459.

² 47 C.F.R. § 0.459(b)(1) through (9).

³ 47 C.F.R. §§ 54.313, 54.422.

⁴ 47 C.F.R. §§ 54.313.

- 4. With respect to identifying the degree to which the subject attachment concerns a service that is subject to competition, the information is of a financial and competitive nature regarding the provision of telecommunications services. The Line 112 attachment contains competitively sensitive information related to proposed improvements or upgrades and maintenance the Company's network.
 - In its March 5, 2013 Order, the FCC. The FCC specified that for rate-of-return carriers, the five-year plans "should describe the carrier's network improvement plan, which should provide greater visibility into current plans to extend broadband service to unserved locations in rate-of-return service territories." The Company's Progress Report updates this information as well as provides maps and detailed information as to whether or not network improvement objectives were achieved at the wire center level. Accordingly, because the Company is a rate-of-return carrier, it must file Progress Reports which contain proprietary, competitively sensitive information related to the Company's existing network including the specific locations of customers as well as describe proposed improvements or upgrades and maintenance of its network throughout its service area. Specifically, this information sets forth services provided by the Company over its existing network including specific locations of customers as well as planned network improvement and maintenance for the years 2015 through 2019 including project start and completion dates, population that will be impacted by the improvements and upgrades at the wire center level and projected capital costs associated with the improvements and upgrades and operating costs associated with maintaining the network including depreciation for investments that have already been made. As such, this information contains competitively sensitive information related to the Company's existing network as well as detailed plans at the wire center level for network upgrades and maintenance projected for the years 2015 through 2019.
- 5. With respect to identifying possible exposure to competitive harm, the information contained in the Line 112 attachment is information that is not customarily released to the public. This information is proprietary to the Company, is unique to the Company's serving territory and is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to potential competitors who would be able to target their marketing to specific customers. In a competitive telecommunications marketplace, this type of information is highly sensitive. If publicly disclosed, it would enable competitors to craft business plans that capitalize on their knowledge of the locations of the Company's customers which would place the Company at a competitive disadvantage.
- 6. With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing

⁵ See Connect America Fund et al., WC Docket 10-90 et al., Order, DA 13-332 (rel. Mar. 5, 2013) ("March 5, 2013 Order") at para 9 citing Section 54.202(a) (1) (ii).

the attachment under seal. The Company uses the information contained in the Progress Report to ensure that its customers continue to receive state-of-the-art high quality telecommunications and broadband services that the Company has been providing to them for many years as well as to satisfy mandatory reporting requirements and does not share the information for which protection is sought. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.

- 7. Any previous versions of this information are not publicly available.
- 8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
- 9. Not applicable.

Based on the preceding, JSI respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's Progress Report provided at FCC Form 481 Line 112 attachment.

Please contact the undersigned with any questions regarding this request.

Sincerely,

John Kuykendall JSI Vice President

301-459-7590

jkuykendall@jsitel.com

FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form	REDAC	CTED FOR PUBLIC INSPECTION	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		240541	
<015>	Study Area Name		RIDGEWAY TEL CO	
<020>	Program Year		2017	
<030>	Contact Name: Person USAC should conta with questions about this data	act	Eric S. Ramey	
<035>	Contact Telephone Number: Number of the person identified in data li	ine <030>	8035819152 ext.	
<039>	Contact Email Address: Email of the person identified in data line	<030>	eric.ramey@truvista.biz	
	Form T	Гуре	54.313 and 54.422	

	ervice Quality Improvement Reporting ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	240541	
<015>	Study Area Name	RIDGEWAY TEL CO	<u>o</u>
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey	
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.	·
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvis	vista.biz
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no	no) O
<111>	year plan" filed with the FCC?	(yes / no	no.) O O
<112>	If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your CETC which only receives frozen support, your progress report is only required to address voice telephony service.		40541sc112.pdf
	Please select the appropriate responses below (Yes, No, Not Applicable) to cont that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall submitted at the wire center level or census block as appropriate.	e-year	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		Yes
<114>	Report how much universal service (USF) support was received		Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve	ove service quality	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to im	prove service coverage	ge Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity and how support was used to improve service capacity and how support was used to improve service.	prove service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		Not Applicable

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Co	de				240541							
<015>	Study Area Na	me				RIDGEWAY TE	L CO						
<020>	Program Year					2017	2017						
<030>	Contact Name	- Person USAC	should contac	ct regarding this	data	Eric S. Ram	ney						
<035>	Contact Teleph	none Number	- Number of pe	erson identified	in data line <0	30> ⁸⁰³⁵⁸¹⁹¹⁵²	ext.						
<039>	Contact Email	Address - Ema	il Address of pe	erson identified	in data line <0	30> eric.ramey@	@truvista.biz						
<210>	> For the prior calendar year, were there any reportable voice service outages? No												
<220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>	
	NORS									Did This Outage			

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<t></t>	<g></g>	<h></h>
NORS									Did This Outage		
	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected			Comico Outoro	Preventative
Number	Date	Time	Date	Time	customers Affected			Description (Check	Study Areas	Service Outage	
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

(300) Unfulfilled Service Request Data Collection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. July 2013	. 3060-0819
<010> Study Area Code		240541			
<015> Study Area Name		RIDGEWAY TEL CO			
<020> Program Year		2017			
<030> Contact Name - Person USAC should contact regi	arding this data	Eric S. Ramey			
<035> Contact Telephone Number - Number of person	identified in data line <030>	8035819152 ext.			
<039> Contact Email Address - Email Address of person identified in data line <030> eric.ramey@truvista.biz					
<300> Unfulfilled service request (voice)		0			
<310> Detail on attempts (voice)					
	Nam	ne of Attached Document			
<320> Unfulfilled service request (broadband)		0			
<330> Detail on attempts (broadband)					
		Name of Attached Document			

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 240541
<015>	Study Area Name RIDGEWAY TEL CO
<020>	Program Year 2017
<030>	Contact Name - Person USAC should contact regarding this data Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data line <030> 8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line eric.ramey@truvista.biz <030>
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice 0.0
<420>	Complaints per 1000 customers for mobile voice
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<440>	Complaints per 1000 customers for fixed broadband 0.0
<450>	Complaints per 1000 customers for mobile broadband

•	mpliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	240541	
<015>	Study Area Name	RIDGEWAY TEL CO	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey	
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz	
<500>	Certify compliance with applicable service quality standards and consumer pro-	otection rules Yes	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Re	240541sc510.pdf ules Compliance	

	unctionality in Emergency Situations RED ollection Form	ACTED FOR PUBLIC INSPECTION	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	240541	
<015>	Study Area Name	RIDGEWAY TEL CO	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey	
<035>	Contact Telephone Number - Number of person identified in data line <0302	> 8035819152 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030)> eric.ramey@truvista.biz	
<600>	Certify compliance regarding ability to function in emergency situations	Yes	
<610>	Descriptive document for Functionality in Emergency Situations	240541sc610.pdf	

(700) Price Offerings including Voice Rate Data		FCC Form 481			
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013			
<010> Study Area Code	240541				
<015> Study Area Name	RIDGEWAY TEL CO				
<020> Program Year	2017				
<030> Contact Name - Person USAC should contact regarding this data	Eric S. Ramey				
<035> Contact Telephone Number - Number of person identified in data	line <030> 8035819152 ext.				
<039> Contact Email Address - Email Address of person identified in data	line <030> eric.ramey@truvista.biz				
<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge					

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
					See at	tached worksheet			
					000 a	taonoa workonoot			

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	10541
<015>	Study Area Name	RIDGEWAY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
(711)	State	Exchange (ILEC)	Residential Rate	State Regulated	Total Rate and Fees	Broadband Service - Download Speed	Broadband Service - Upload Speed (Mbps)	Usage Allowance	Usage Allowance Action Taken When Limit Reached { select }
						(,, ,		ζ= ,	
				0					
			,	- See attacl worksheet -	ned				

	erating Companies ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		240541	
<015>	Study Area Name	·	RIDGEWAY TEL CO	·
<020>	Program Year		2017	
<030>	Contact Name - Person l	JSAC should contact regarding this data	Eric S. Ramey	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	8035819152 ext.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	eric.ramey@truvista.biz	
<810>	Reporting Carrier	Ridgeway Telephone Company		
<811>	Holding Company	Chester Telephone Company		
<812>	Operating Company	Ridgeway Telephone Company		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
-			
=			
-	See atta	ached workshe	et
-			
=			
-			
-			
-			
-			
-			
-			
-			<u> </u>
•			
-			
-			
-			
<u>-</u>			

	al Lands Reporting		FCC Form 481
Data Colle	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
		040541	
<010>	Study Area Code	240541 RIDGEWAY TEL CO	
<015>	Study Area Name	2017	
<020> <030>	Program Year Contact Name Person USAC should contact regarding this data	Eric S. Ramey	
<035>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz	
<900>	Does the filing entity offer tribal land services? (Y/N)	No	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached Docur	ment
to confirm	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes m the status described on the attached document(s), on line 920, crates coordination with the Tribal government pursuant to (a)(9) includes:	Select Yes or No or Not Applicable	
	Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
	Compliance with Environmental Review processes		
	Compliance with Cultural Preservation review processes		
	Compliance with Tribal Business and Licensing requirements.		

	RED	DACTED FOI	R PUBLIC INSPECTION	rage 1.
(1000) V	pice and Broadband Service Rate Comparability			FCC Form 481
Data Col	ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
<010>	Study Area Code		240541	
<015>	Study Area Name		RIDGEWAY TEL CO	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding this data		Eric S. Ramey	
<035>	Contact Telephone Number - Number of person identified in data line		8035819152 ext.	
<039>	Contact Email Address - Email Address of person identified in data line	e <030>	eric.ramey@truvista.biz	
4000				
<1000>	Voice services rate comparability certification	Yes		
<1010>	Attach detailed description for voice services rate			
<1010>	comparability compliance			
	comparability compliance			
			Name of Attached Doc	ument
		Voc	Driging is no more than	the most recent applicable benchmark announced by
<1020>	Broadband comparability certification		ireline Competition Bure	
11020	broadana comparability certification			
<1030>	Attach detailed description for broadband			
	comparability compliance			
			Name of Attached Doo	ument

(1100) N	Io Terrestrial Backhaul Reporting		FCC Form 481	
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0 July 2013	60-0819
<010>	Study Area Code	240541		
<015> <020>	,	RIDGEWAY TEL CO 2017		
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey		
<035> <039>	,	8035819152 ext. eric.ramey@truvista.biz		
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 lupstream within the supported area pursuant to § 54.313(g).	kbps		

(1200) Te	rms and Condition for Lifeline Customers		FCC Form 481
Lifeline			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form		July 2013
•			
<010>	Study Area Code	240541	
<015>	Study Area Name	RIDGEWAY TEL CO	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey	
<035>	Contact Telephone Number - Number of person identified in data line <030	> 8035819152 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <03	0> eric.ramey@truvista.biz	
		240541sc1210.pdf	
		2403418C1210.pdf	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		
			Name of Attached Document
<1220>	Link to Public Website HTTP		
((D)	and the same have a halous to confirm that the attached decreased a variable variable variable.		
	neck these boxes below to confirm that the attached document(s), on line 1210,		
	bsite listed, on line 1220, contains the required information pursuant to		
	(a)(2) annual reporting for ETCs receiving low-income support, carriers must		
annually r	report:		
<1221>	Information describing the terms and conditions of any voice		
\12Z1>	telephony service plans offered to Lifeline subscribers,		
	totephony service plant oriented to incline states liberty		
4000		1	
<1222>	Details on the number of minutes provided as part of the plan,		
<1223>	Additional charges for toll calls, and rates for each such plan.		
	<u>-</u>		

(2000) Price	e Cap Carrier Additional Documentation	FCC Form 481
Data Collec	tion Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including R	ate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
4010> 0	trudy Δrea Code 240541	
	ttudy Area Code 240541 ttudy Area Name RIDGEWAY TEL C	
	Program Year 2017	<u> </u>
	Contact Name - Person USAC should contact regarding this data	
	Contact Telephone Number - Number of person identified in data line <030> 8035819152 ext	
	Contact Email Address - Email Address of person identified in data line <030> eric.ramey@tru	vista.biz
		a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, information reported on this form and in the documents attached below is accurate.
li	ncremental Connect America Phase I reporting	
<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the Ju	ılv 1
\2010>	2016 certification, this applies to Round 2 recipients of Incrementa	<i>,</i>
		!
	Support	
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the Ju	
	2016 certification, this applies to Round 1 recipients of Incrementa	
	Support	
<2022>	Recipient certifies, representing year two after filing a notice of	
\2022>	acceptance of funding pursuant to 54.312(c), that the locations in	
	question are not receiving support under the Broadband Initiatives	
	Program or the Broadband Technology Opportunities Program for	
	projects that will provide broadband with speeds of at least 4	
	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	
22022 5	The attachment on line 2024 includes a statement of the total amo	unt of
<2023>		unit of
	capital funding expended in the previous year in meeting Connect	
	America Phase I deployment obligations, accompanied by a list of o	census
	blocks indicating where funding was spent. This covers year two -	
	54.313(b)(2)(ii). Round 2 recipients only.	
<2024A		
<2024A	Nound 2 Necipient of incremental support:	
.20245	Attack list of source blocks indication where founding was an out in	Nows of Attacked Decument Listing
<2024B		- I
	two - 54.313(b)(2)(ii). Round 2 recipients only.	Required Information
<2025A	> Round 1 or Round 2 Recipient of Incremental Support?	
<2025B	> Attach geocoded Information for Phase I milestone reports (Round	1 for Name of Attached Document Listing
\ZUZJD.	=	- I
	year three and Round 2 for year two) - Connect America Fund , WC	Required Information
	Docket 10-90, Report and Order, FCC 13-	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	

Data Collection For	orrier Additional Documentation (Continued) om eturn Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<2016>	Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband t America Phase II Reporting {47 CFR § 54.313(e)}			
<2017A>	Connect America Fund Phase II recipient?			
<2017B>	Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price	Name of Attached Document Listing Required Information		
<2018>	cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)	Name of Attached Document Listing Required Information		
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)			
<2020>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)			
<2021>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)			
<2026>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)			
<2027>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)			

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	240541
<015>	Study Area Name	RIDGEWAY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)				
		Ye	es - Att	ach Certifica	tion
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}				240541sc3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Docu Information	ment Lis	ting Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community	Anchors		
(3012B)	Please Provide Attachment	Name of Attached Docu Information	ment Lis	ting Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	O	0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	\cup	•	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)				
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		L		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docu Information	ment Lis	ting Required	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	(Yes/No)	•	0	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			V	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			~	
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			~	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers				
(3023)	Underlying information subjected to a review by an independent certified public accountant				
(3024)	Underlying information subjected to an officer certification.				
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows				240E41aa2026 ndf
(3026)	Attach the worksheet listing required information	Name of Attached Docu Information	ment Lis	ting Required	240541sc3026.pdf

	REDACTED FOR FUBLIC INSPECTION
(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	240541
<015>	Study Area Name	RIDGEWAY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	240541
<015>	Study Area Name	RIDGEWAY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data lir	ne <030> 8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> eric.ramey@truvista.biz

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

ii yes to -	Toosh, picuse provide a response for 4000	5.	
of commu recipient	rovide the number, names and addresses unity anchor institutions to which the newly began providing access to addresses in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadbar	nd Deployment Locations – FCC 14-98 (par	agraph 80)	
which bro June 1st i	ttach a list of geocoded locations to badband has been deployed as of the mmediately preceding the July 1st filing for the FCC Form 481.	Name of Attached Document Listing Required Information	
recipient obligatior	ttach evidence demonstrating that the is meeting the relevant public service as for the identified locations. Materials east detail the pricing, offered broadband	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	240541
<015>	Study Area Name	RIDGEWAY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	240541
<015>	Study Area Name	RIDGEWAY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) <u>John Staurulakis</u> , <u>Inc.</u> also certify that I am an officer of the reporting carrier; my responsibil agent; and, to the best of my knowledge, the reports and data provide	is authorized to submit the information reported on behalf of the reporting carrier. Ities include ensuring the accuracy of the annual data reporting requirements provided to the authorized d to the authorized agent is accurate.
Name of Authorized Agent: John Staurulakis, Inc.	
Name of Reporting Carrier: RIDGEWAY TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/24/2016
Printed name of Authorized Officer: David Brunt	
Title or position of Authorized Officer: EVP & CFO	
Telephone number of Authorized Officer: 8035819195 ext.	
Study Area Code of Reporting Carrier: 240541	Filing Due Date for this form: 07/01/2016
	y fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on	Behalf of Reportir	ng Carrier
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipier the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information repo		
Name of Reporting Carrier: RIDGEWAY TEL CO		
Name of Authorized Agent Firm: John Staurulakis, Inc.		
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/24/2016
Name of Authorized Agent Employee: Lans Chase		
Title or position of Authorized Agent or Employee of Agent Staff Director - Regulatory Affairs		
Telephone number of Authorized Agent or Employee of Agent: 7705692015 ext.1		
Study Area Code of Reporting Carrier: 240541 Filing Due Date for this form: 07/01/2016		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 18 of the United States Code, 18 U.S.C. § 1001.	U.S.C. §§ 502, 503(b), o	fine or imprisonment under Title

Attachments

ATTACHMENT - LINE 112

Five-Year Network Improvement Plan and Progress Report

ATTACHMENT REDACTED IN ENTIRETY

Ridgeway Telephone Company, Inc. Demonstration of Complying with Applicable Service Quality Standards and Consumer Protection Rules for Voice and Broadband

In establishing this certification in its 2005 ETC Order,¹ the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." The FCC found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."

Ridgeway Telephone Company, Inc. ("Company") hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Ridgeway is subject to consumer protection obligations under both federal and South Carolina state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of the Public Service Commission of South Carolina which disclose rates, and terms and conditions of service to customers (Section 103-612.2.1 of the South Carolina Code of Regulations); (2) adherence to state consumer protection requirements governing telephone providers which govern Standards and Quality of Service (Sections 103-661, 103-662, and 103-663 of the South Carolina Code of Regulations); Customer Relations, including billing,

¹ Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.

deposits, discontinuance and termination of service (Sections 103-620 through 103-633 of the South Carolina Code of Regulations); Engineering and Safety Standards (Sections 103-640 through 103-646 and 103-670 through 103-672 of the South Carolina Code of Regulations); Inspections and Tests (Sections 103-650 through 103-653 of the South Carolina Code of Regulations); Records and Reports (Sections 103-610 through 103-619 of the South Carolina Code of Regulations) and Customer Complaints (Section 103-628 of the South Carolina Code of Regulations); (3) truth-in-billing requirements (Section 103-622.1 of the South Carolina Code of Regulations); and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3. The Company furthermore will comply with all requirements set forth in the 2015 Open Internet Order.

Ridgeway Telephone Company Demonstration of Ability to Function in Emergency Situations for Voice and Broadband

Ridgeway Telephone Company, Inc. ("Ridgeway") hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R. § 54.202(a)(2)¹ and Section 103-646 of the South Carolina Code of Regulations. Ridgeway's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2) and Section 103-646 of the South Carolina Code of Regulations. Ridgeway can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow Ridgeway to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. Ridgeway has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Company's standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	240541
<015>	Study Area Name	RIDGEWAY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
SC	Ridgeway		FR	15.5	0.0	0.41	0.0	15.91

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	240541
<015>	Study Area Name	RIDGEWAY TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Eric S. Ramey
<035>	Contact Telephone Number - Number of person identified in data line <030>	8035819152 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.ramey@truvista.biz

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c> <d1></d1></c>	<d2></d2>	<d3></d3>		<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
	SC	RIDGEWAY	39.99	0.31	40.3	1.5	0.384	999999.0	Other, No Usage Allowance or Limits
	SC	RIDGEWAY	44.99	0.31	45.3	3.0	0.512	999999.0	Other, No Usage Allowance or Limits
	SC	RIDGEWAY	49.99	0.31	50.3	6.0	1.0	999999.0	Other, No Usage Allowance or Limits
	sc	RIDGEWAY	54.99	0.31	55.3	10.0	0.512	999999.0	Other, No Usage Allowance or Limits
	sc	RIDGEWAY	59.99	0.31	60.3	20.0	2.0	999999.0	Other, No Usage Allowance or Limits
	sc	RIDGEWAY	64.99	0.31	65.3	35.0	3.0	999999.0	Other, No Usage Allowance or Limits
	SC	RIDGEWAY	74.99	0.31	75.3	50.0	3.0	999999.0	Other, No Usage Allowance or Limits
	L		1				l		

(800) Op	erating Companies			FCC Form 481
Data Col	lection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
•				
<010>	Study Area Code		240541	
<015>	Study Area Name		RIDGEWAY TEL CO	
<020>	Program Year		2017	
<030>	Contact Name - Person US	SAC should contact regarding this data	Eric S. Ramey	
<035>	Contact Telephone Numb	er - Number of person identified in data line <030>	8035819152 ext.	
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	eric.ramey@truvista.biz	
<810>	Reporting Carrier	Ridgeway Telephone Company		
<811>	Holding Company	Chester Telephone Company		

Ridgeway Telephone Company

<812> Operating Company

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=	Chester Telephone Company	240516	TruVista
_	Lockhart Telephone Company	240532	TruVista
_	Chester Long Distance Services, LLC		TruVista
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			

(1200) Terms and Conditions for Lifeline Customers

Study Area Code: 240541

Study Area Name: Ridgeway Telephone Company

Ridgeway Telephone Company, d/b/a TruVista does not offer any plans only available to Lifeline customers. Lifeline customers may subscribe to any voice or broadband plan under the same terms and conditions as any non-Lifeline customer, with the exception that Lifeline customers may subscribe to Toll Limitation Service free of charge.

All Ridgeway Telephone Co. d/b/a/ TruVista voice plans offer unlimited local calling.

All customers are eligible for any of the LD calling Plans which offer discounts based on packages of minutes up to unlimited nationwide long distance. These plans are offered through TruVista's affiliated Long Distance Carrier (Chester Long Distance Services, Inc.).

If no plan is chosen, LD calls are billed on a per call/per minute basis.

.(See http://www.truvista.net/) for a more detailed description of the terms and conditions of all TruVista products.

The pages below are maintained on the TruVista internal web server as an aid to employees:

Pricing

Voice

Lines/Calling Features

C W	_		_	
Calling Features	Res		Bus	
Exchange Access Line - One Party -Ridgeway	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party - Chester	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party - Great Falls	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party - Lewisville	RR1	\$15.50	RB1	\$27.90
Exchange Access Line - One Party -Lockhart	RR1	\$15.99	RB1	\$23.80
Rotary Line (Hunting)Service	RRLS	\$2.00	RRLS	\$2.00
Advanced Calling-				
Features				
Anonymous Call Rejection	RRACB	\$2.00	RBACB	\$2.00
Call Block (Selective Call Rejection)	CLR04	\$3.00	CLB04	\$4.25
Call Forwarding	RRCF	\$1.75	RBCF	\$2.75
Call Forwarding Busy Line	RRCFB	\$1.75	RBCFA	\$2.75
Call Forwarding Don't				
Answer Busy Customer Control		\$1.75		\$2.75
Call Forwarding Don't Answer	RRCFD	\$1.75	RBCFD	\$2.75
Call Hold	RCH	\$1.75	RCH	\$2.75
Call Return (Automatic Recall)	CLR01	\$2.75	CLB01	\$4.00
Call Selector (Distinctive Ringing)	CLR03	\$3.00	CLB03	\$4.25
Call Tracing (Customer Originated Trace)	RRCT	\$3.75	RBCT	\$5.00
Call Waiting	RRCW	\$2.75	RBCW	\$4.25
Call Waiting Deluxe	RRCWD	\$4.00	RBCWD	\$6.00
Caller ID (Calling Number Delivery)	CLR06	\$4.75		\$6.25
Caller ID Blocking Per Line	CIBPL	\$2.00		\$2.00
Caller ID Blocking Per Call		\$0.00		N/C
Caller ID Deluxe (Name	RRIDD	\$5.75		\$7.25

and Number Delivery)				
Enhanced Caller ID (Busy	RRECI	\$8.95	RBECI	\$11.00
Line/idle Line Name)	KKECI	\$0.93	KDECI	\$11.00
Hot Line	RRHL	\$1.75		\$2.75
Remote Access- Call	RRCFA	\$6.50		\$9.00
Forwarding	KKCIA	\$0.50		\$9.00
Repeat Dialing (Automatic	RRRD	\$2.75		\$4.00
Call Back)	KKKD	\$4.73		\$4.00
Selective Call Acceptance	RRSCA	\$3.00		\$4.25
Selective Call Forwarding	RRSCF	\$3.00		\$4.25
Speed Calling (8 code)	RRSC	\$1.75		\$2.75
Speed Calling (30 code)	RRSC1	\$2.75		\$3.75
Speed Calling (50 code)	RRSC2	\$3.75		\$4.75
Three Way Calling	RRTWC	\$2.75		\$4.25
Warm Line	RRWL	\$1.75		\$2.75
Single Line Variety Pack	RRVP	\$3.00		\$4.50
Calling Card (Each Call)		\$1.00		\$1.00
Operator Station, Each Call		\$1.25		\$1.25
Person to Person		\$2.50		\$2.50
Emergency Interrupt (Each		\$1.75		\$1.75
Request)		ψ1./3		ψ1./3
Verification Request (Per		\$1.75		\$1.75
Request)		\$1.73		\$1.75
Primary Service Listing		\$0.00		\$0.00
Additional Name Listing		\$0.35		\$0.35
Non-Published Service		\$1.00		\$1.00
Non-Listed Service		\$0.50		\$0.50
Residential Voice Mail		\$3.95		
711 Dialing Code		\$0.00		\$0.00
Residence		φυ.υυ		φυ.υυ
VACATION RATES				

Access Lines SCFEEAL

Nationwide Talk 500

OCPNW) 500 Nationwide Long Distance Minutes for \$25.00 permonth - Overage minutes above 500 will be charged at \$.09 per minute. Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day. No Connection Charges. Calls are rounded up to the nearest Minute. Volume discounts do not apply to this plan. Available to Residential & Business Customers

Nationwide Talk Plan 250

(OCPNT)"] 50 Nationwide Long Distance Minutesfor \$12.95 per month. Overage minutes above 250 will be charged at \$.09 per minute. Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day.

- No Connection Charges.
- *Volume discounts do not apply to this plan.*
- Available to Residential & Business Customers

Nationwide Talk 500

OCPNW) 500 Nationwide Long Distance Minutes for \$25.00 permonth - Overage minutes above 500 will be charged at \$.09 per minute. Applies to Direct Dialed Domestic calls including Alaska and Hawaii any time of day. No Connection Charges. *Calls are rounded up to the nearest Minute.*

- Volume discounts do not apply to this plan.
- Available to Residential & Business Customers

Nationwide Talk Plan 1000

- **(OCPNN)**Distance Minutes for\$50.00 per -Overage minutes above1000 will be charged at \$.09 per minute.
- Applies to Direct Dialed Domestic calls including Alaska and Hawaii anytime of day. No Connection Charges. *Calls are rounded up to the nearest Minute*.
- Volume discounts do not apply to this plan.
- Available to Residential & Business Customers

9 cents Flat Rate Calling Plan

- (OCP10) Flat rate of 9 cents per minute on Direct Dialed Domestic calls including Alaska and Hawaii any time of day
- <u>NO</u> monthly recurring charge. No Connection Charges. Calls are *rounded up to the nearest Minute*. Applies to Direct Dialed Domestic calls including Alaska and Hawaii any timeof day. No Connection Charges.
- Volume discounts do not apply to this plan.
- Available to Residential & Business Customers

The 509 Plan

- Flat rate of 5 cents per minute on Direct Dialed Domestic State to State calls including Alaska and Hawaii any time. Flat rate of 9 cents per minute on Direct Dialed In-State calls any time.
- \$5.95 Monthly Recurring Charge
- 9.9% Universal Access Fee
- Calls are rounded up to the nearest Minute.

Unlimited LD

- One Flat Monthly Charge for All Your Long Distance Calls!*View Brochure
- \$29.99

VOICE: LOCAL

TRUVISTA, LOCAL TELEPHONE PROVIDER FOR OVER 115 YEARS.

BASIC

TruVista provides basic residential local telephone service. If you make many telephone calls within the state beyond your basic calling area you may want to consider an Extended Calling Plan which will save you money over long distance calling.

LIFELINE

Lifeline offers a discount on monthly telephone service and associated charges. You may be eligible for Lifeline if you qualify for one of the following:

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing Assistance (Section 8)
- Low Income Home Energy Assistance Program (HEAP)
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Temporary Assistance for Needy Families (TANF)

Please contact your local TruVista business office for more information.

TruVista's regulated services are sold subject to terms and conditions contained in applicable tariffs and contracts. Any inconsistencies between terms, conditions and pricing information presented on this website and such tariffs and contracts will be resolved in favor of the tariffs and contracts. Local service rates do not include standard applicable taxes and fees that apply to all regulated telephone lines. (Such as Federal End User Access Charge, LNP End User Basic Charge, 911, Dual Party Relay Service Charge, Federal Universal Service Charge and State Universal Service Charge). All published rates subject to change.

BUNDLES

Explore our Savings Bundles where getting multiple services on one bill adds up to substantial savings - Up to \$100's of dollars per year.

OTHER VOICE FEATURES

VOICE MAIL

The most reliable, user friendly and cost effective call answering system available today for your home or your business.

TruVista's Voice Mail service answers your incoming calls and records any messages, even if you are on the telephone! There are no machines to buy or repair, no tapes that wear out, and no scratchy voice recordings. You can even set up multiple mailboxes, all password protected. Your messages are secure and easily accessible from any touch-tone phone — anytime, anywhere.

INSIDE WIRE MAINTENANCE

Affordable protection for your telephone service for when problems arise that could be costly — especially since most repairs pertaining to telephone service are unexpected.

Whether you have a new home with new technology or an older home with older wiring, TruVista's affordable monthly telephone line maintenance plan will protect you from unexpected repair bills. A monthly maintenance plan for your cable wiring is also available from TruVista Communications. (Inside Wire Maintenance only applies to existing wires and jacks that have been properly installed.)

- Telephone Line Maintenance Plan
- Cable Wiring Maintenance Plan

Attachment - Line 1210

RIDGEWAY TELEPHONE COMPANY RIDGEWAY, SOUTH CAROLINA ELEVNTH REVISED PAGE 1 REPLACES TENTH REVISED PAGE 1

ISSUED: EFFECTIVE: JUNE 1, 2013

A3.1 General

The Local Exchange Service Area is identified by a map filed as a supplement to this tariff.

A3.2 Rate Schedules

A.3.2.1 Rate Schedule

- a. The Following Schedule of rates is applicable
- b. Rates specified herein entitle the subscriber to a touch tone line with an unlimited number of messages to all stations bearing the designation of the central offices within the local exchange company area.

Residence	<u>Business</u>	PBX Trunk
1-Pty	1-Pty	
\$15.50 (I)	\$27.50	\$27.50

A3.3.1 Public Telephone Access Service For Customer Provided Equipment (CPE)

3.3.1.1 Rates and Charges

- A. Public Telephone Access Service for CPE is provided on a Flat Rate basis where facilities permit.
 - 1. Flat Rate \$27.50 per line
 - a. The above monthly rate is applicable to Public Telephone Access Service for CPE.

A3.2.2 Authorization

a. Local exchange rates are authorized individually by the South Carolina Public Service Commission.

LIFELINE ENROLLMENT / RECERTIFICATION APPLICATION

This signed application is required to enroll you in the Lifeline program in your state. This application is only for the purpose of verifying your participation in these programs and will not be used for any other purpose.

Things to know about the Lifeline Program:

- Lifeline is a Federal benefit that is not transferrable to any other person;
- Lifeline service is available for only one line per household. A household cannot receive benefits from multiple providers. Not all lifeline services are marketed under the name Lifeline, and may be offered under other names;
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals at the same address that share expenses; and,
- Violation of the one-per household rule is not permitted under federal rules and will result in the subscriber's de-enrollment from the program and possible criminal prosecution by the U. S. Government.

Section 1: Consumer Information								
1	I am 18 years of age or older. ☐ Yes ☐ No							
2	First Name:	3	Last Name:					
4 If yo	4 Date of Birth (mm/dd/γγγγ): 5 Last 4-digits of Social Security Number: you are unable to provide the last four digits of a Social Security Number, complete line 6.							
6	5 Tribal Identification (Tribal ID) Number (if applicable):							
7 Servi								
8	Street Address:	9	Apt:					
10	City:	11	State: 12	Zip Code:				
13 Is this a temporary address? ☐ Yes ☐ No Billing address, if different from service address (may include Post Office Box):								
14	Street Address:	15	Apt:					
16	City:	17	State: 18	Zip Code:				
A "household" is any individual or group of individuals who live together at the same address and share income expenses. Only one person in a household can qualify to receive Lifeline Program-supported telephone service. Only one telephone service in a household can receive Lifeline Program support. A household may not receive Lifeline Program benefits from multiple service providers. My initials here certify that I meet the one-per-household requirement. I understand that falsely certifying eligibility is a violation of the rules of the Federal Communications Commission and will result in my removal from the Lifeline Program and could result in criminal prosecution by the United States Government. My initials here certify that I reside on Tribal lands (if applicable). My initials here certify that I reside on Tribal lands (if applicable). If "yes" is checked, you must complete a supplemental form to recertify your eligibility. Please contact your service provider. Section 3: Program Requirement - Eligibility Complete this section to indicate that you (or your dependent or a member of your household) received benefits from at least one of the programs listed below. In complete the programs listed below.								
	If checked, please indicate the program(s) from which you (or your de Check all that apply.	epend	ent or member of your househ	old) receives benefits.				
	Medicaid		Low Income Home Energy Ass	istance Program (LIHEAP)				
	6 1		Temporary Assistance for Needy Families (TANF)					
	Supplemental Security Income (SSI) Federal Public Housing Assistance (Section 8)		National School Lunch / Free L	Lunch Program (NSL)				
	reactary abile flousing Assistance (Section 6)							
	State provided assistance program:*Note: If none of the above federal assistance program boxes are che contact your service provider in order to recertify. Your service provide	ler's to	oll-free number can be found or	n the letter sent with this form.				
	I do not receive benefits, but my dependent or a member of my hous of dependent or household member receiving benefits	ehold	does receive benefits from a p	rogram checked above. Full name				

 $\hfill \square$ My household income is at or below the amount listed below for my state. If checked, number of people in my household:

2015 Poverty Guidelines for the 48 Contiguous States and the District of Columbia - 135% (Effective: January 22, 2015)

Household Size 💌	South Carolina	~
1	\$11,770	
2	\$15,930	
3	\$20,090	
4	\$24,250	
5	\$28,410	
6	\$32,570	
7	\$36,730	
8	\$40,890	

Source: https://www.federairegister.gov/articles/2015/01/22/015-0112/01annual-update-of-the-hhs-poverty-guidelines#1-1 Section 4: Notification Obligations: You have obligations: If you receive Lifeline Program benefits. You must initial the statements below to acknowledge you understand your obligations: I will notify my service provider within 30 days if I (or my dependent or household member) no longer participate(s) in the federal/state programs identified in my application or if my household income exceeds 135% of the Federal Poverty Guidelines. I will notify my service provider within 30 days if I or my household begins to receive more than one Lifeline Program benefit. I will notify my service provider within 30 days if I no longer qualify for Lifeline Program benefits for any reason. I will notify my service provider of my new address within 30 days of moving. I understand these notification obligations and that I may be subject to penalties if I fall to provide this notice. Section 5: Certifications You must certify the following statements. You must read and initial all certifications. I hereby certify under penalty of perjury that I or my dependent or other member of my household) currently receive(s) benefits from the Federal/State program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above). I hereby certify under penalty of perjury that I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefits to another person. I hereby certify under penalty of perjury that I acknowledge that I may be required to receive my continue deligibility at any time and failure to recertify my eligibility for the Lifeline Program service began, the date on which the Program benefit to recertify my eligibility for the Lifeline Program service began, the date on which the L			For families/households with more than 8 persons, add \$4,160 for each additional person.				
Section 4: Notification Obligations You have obligations if you receive Lifeline Program benefits. You must initial the statements below to acknowledge you understand your obligations: Will notify my service provider within 30 days if 1 (or my dependent or household member) no longer participate(s) in the federal/state programs identified in my application or if my household income exceeds 135% of the Federal Poverty Guidelines. Will notify my service provider within 30 days if 1 or longer qualify for Lifeline Program benefits. Will notify my service provider within 30 days if 1 no longer qualify for Lifeline Program benefits for any reason. Will notify my service provider of my new address within 30 days of moving. Understand these notification obligations and that 1 may be subject to penalties if 1 fail to provide this notice. Section 5: Certifications Understand these notification obligations and that 1 may be subject to penalties if 1 fail to provide this notice. Section 5: Certifications Independent or other member of my household currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines for the amount that applies to my state as indicated in the chart above).							
Nou have obligations if you receive Lifeline Program benefits. You must initial the statements below to acknowledge you understand your obligations: Will notify my service provider within 30 days if I (or my dependent or household member) no longer participate(s) in the federal/state programs identified in my application or if my household income exceeds 135% of the Federal Proverty Guidelines. Will notify my service provider within 30 days if I no longer qualify for Lifeline Program benefits for any reason. Will notify my service provider within 30 days if I no longer qualify for Lifeline Program benefits for any reason. Will notify my service provider of my new address within 30 days of moving. Will notify my service provider of my new address within 30 days of moving. Will notify my service provider of my new address within 30 days of moving. Will notify my service provider of my new address within 30 days of moving.							
bilgations: will notify my service provider within 30 days if I (or my dependent or household member) no longer participate(s) in the federal/state programs identified in my application or if my household income exceeds 135% of the Federal Poverty Guidelines. will notify my service provider within 30 days if I no longer qualify for Lifeline Program benefits for any reason. will notify my service provider within 30 days if I no longer qualify for Lifeline Program benefits for any reason. will notify my service provider of my new address within 30 days of moving. will notify my service provider of my new address within 30 days of moving. will notify my service provider of my new address within 30 days of moving. will notify my service provider of my new address within 30 days of moving. will notify my service provider of my new address within 30 days of moving. will notify my service provider of my new address within 30 days of moving. will notify my service provider of my new address within 30 days of moving. will notify my service provider of my new address within 30 days of moving. will notify my service provider of my new address within 30 days of moving. will notify my service provider of my new address within 30 days of moving. will notify my service provider of my new address within 30 days of moving. will notify my service provider of my new address within 30 days of moving. will notify my service provider and the subject to penalties if I fall to provide this notice. section 5: Certifications. will notify my service provider and the subject to penalties if I fall to provide this notice. section 5: Certifications. will notify my service provider and notice in the case of the program benefit for my knowledge that my benefit on the chart above). will notify my service provider my that i agree not to transfer my Lifeline Program benefit to the head on the program benefit on the Lifeline Program benefit on the Lifeline Program benefit on the Willi	<u> </u>						
federal/state programs identified in my application or if my household income exceeds 135% of the Federal Poverty Guidelines. I will notify my service provider within 30 days if I no longer qualify for Lifeline Program benefits for any reason. I will notify my service provider of my new address within 30 days of moving. I understand these notification obligations and that I may be subject to penalties if I fail to provide this notice. Section 5: Certifications You must certify the following statements. You must read and initial all certifications. I hereby certify under penalty of perjury that I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above). I hereby certify under penalty of perjury that I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefits for meither a home phone or wireless service provider. I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefits to another person. I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program benefit ended, the amount of support Sought by my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program serv		_					
I will notify my service provider within 30 days if I or my household begins to receive more than one Lifeline Program benefit. I will notify my service provider within 30 days if I no longer qualify for Lifeline Program benefits for any reason. I will notify my service provider of my new address within 30 days of moving. I will notify my service provider of my new address within 30 days of moving. I will notify my service provider of my new address within 30 days of moving. I will notify my service provider of my new address within 30 days of moving. I will notify my service provider of my new address within 30 days of moving. I will notify my service provider of my new address within 30 days of moving. I will notify my service provider of my household can not my receive one Life my my new address will not my new address within 30 days of moving. I hereby certify under penalty of perjury that I can household income is at or below 135% of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above). I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefit from either a home phone or wireless service provider. I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefits to another person. I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal I dentification Number (if am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefits. I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Lifeline Program benefits and that transmission of this information is required to ensure the proper administration of the Lifeline Program benefits. I hereby certify			I will notify my service provider within 30 days if I (or my dependent or household member) no longer participate(s) in the				
1 will notify my service provider within 30 days if 1 no longer qualify for Lifeline Program benefits for any reason. 1 will notify my service provider of my new address within 30 days of moving. 1 understand these notification obligations and that I may be subject to penalties if I fail to provide this notice. 1 understand these notification obligations and that I may be subject to penalties if I fail to provide this notice. 2	24		federal/state programs identified in my application or if my household income exceeds 135% of the Federal Poverty Guidelines.				
1 will notify my service provider of my new address within 30 days of moving.	25		I will notify my service provider within 30 days if I or my household begins to receive more than one Lifeline Program benefit.				
Section 5: Certifications You must certify the following statements. You must read and initial all certifications. I hereby certify under penalty of perjury that I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above). I hereby certify under penalty of perjury that I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefit from either a home phone or wireless service provider. 31	26		I will notify my service provider within 30 days if I no longer qualify for Lifeline Program benefits for any reason.				
Section 5: Certifications You must certify the following statements. You must read and initial all certifications. I hereby certify under penalty of perjury that I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above). I hereby certify under penalty of perjury that I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefit from either a home phone or wireless service provider. I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefits to another person. I hereby certify under penalty of perjury that I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program. I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit, I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program benefit, I understand that if I refuse to have this information is required to ensure the proper administration of the Lifeline Program benefits. I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the a	27		I will notify my service provider of my new address within 30 days of moving.				
Vou must certify the following statements. You must read and initial all certifications. I hereby certify under penalty of perjury that I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above). I hereby certify under penalty of perjury that I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefit from either a home phone or wireless service provider.	28		I understand these notification obligations and that I may be subject to penalties if I fail to provide this notice.				
Vou must certify the following statements. You must read and initial all certifications. I hereby certify under penalty of perjury that I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above). I hereby certify under penalty of perjury that I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefit from either a home phone or wireless service provider.	Secti	ion 5: Carti	fications				
I hereby certify under penalty of perjury that I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above). I hereby certify under penalty of perjury that I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefit from either a home phone or wireless service provider. I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefits to another person. I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefits to another person. I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit, I understand that if I refuse to have this information is required to ensure the proper administration of the Lifeline Program benefit, I understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits. I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify							
from the federal/state program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above). I hereby certify under penalty of perjury that I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefit from either a home phone or wireless service provider. I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefits to another person. I hereby certify under penalty of perjury that I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program. I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit, I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program benefit, I understand that if I refuse to have this information is required to ensure the proper administration of the Lifeline Program benefit in hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits. I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to v							
I hereby certify under penalty of perjury that I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefit from either a home phone or wireless service provider. 31							
to the best of my knowledge my household is not receiving more than one Lifeline Program benefit from either a home phone or wireless service provider. I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefits to another person. I hereby certify under penalty of perjury that I agree that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program. I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit, I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program benefits. I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits. I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false	29						
wireless service provider. I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefits to another person. I hereby certify under penalty of perjury that I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program. I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit, I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits. I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits. I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonmen							
I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefits to another person. I hereby certify under penalty of perjury that I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program. I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit, I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits. I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits. I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent in	20						
1 hereby certify under penalty of perjury that I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program. I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit, I understand that if I refuse to have this information is required to ensure the proper administration of the Lifeline Program. I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits. I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.	30		wireless service provider.				
and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program. I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit, I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits. I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits. I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.	31						
I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit, I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program benefits. I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits. I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.							
Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit, I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits. I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits. I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program. Signature:	32						
Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit, I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits. I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits. I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program. Signature:			, , , , , , , , , , , , , , , , , , , ,				
Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit, I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits. I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits. I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program. Signature:							
ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit, I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits. I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits. I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program. Signature:							
benefit, I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits. I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits. I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program. Signature:							
I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits. I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits. I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program. Signature:							
federal/state program(s) for continued eligibility for Lifeline Program benefits. I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program. Signature:	33						
I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program. Signature:			I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified				
appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program. I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program. Signature:	34						
I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program. Signature:							
36 correct to the best of my knowledge. I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program. 38 Signature:	35						
I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program. 38 Signature:	26						
information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program. Signature:	30		, c				
37 barred from the program. 38 Signature:							
38 Signature:	37						
-		Signature					
55 Date. 40 Fillited Name.			40 Printed Name				
		Date.	TO FINICUITUING.				

Ridgeway Telephone Company (SAC 240541)

Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

Ridgeway Telephone Company (SAC 240541) hereby certifies that throughout 2015, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream is unreasonable, and offering broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream is reasonable, the Company offers broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream.

ATTACHMENT - LINE 3026 ATTACHMENT REDACTED IN ENTIRETY